

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**  
 02-26-2000 90019 025 \*\*\*150.00

**DOCUMENT # P93000003892**

1. Entity Name  
**MOCORP, INC.**

Principal Place of Business <b>928 71ST STREET                  MIAMI BEACH FL 33141</b>	Mailing Address <b>928 71ST STREET                  MIAMI BEACH FL 33141-4041                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7830 MIAMI VIEW DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>7830 MIAMI VIEW DR</b> Suite, Apt. #, etc.
City & State <b>NO. BAY VILLAGE</b>	City & State <b>NO. BAY VILLAGE</b>
Zip <b>33141</b>	Country <b>US</b>

4. FEI Number <b>65-0382001</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**REVILLA, ERNIE A  
 928 71ST STREET  
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent  
 Name **MICHAEL MORGENSTERN**  
 Street Address (P.O. Box Number is Not Acceptable) **7830 MIAMI VIEW DR**  
 City **NO. BAY VILLAGE** FL **33141**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *X [Signature]* Pres. **2/18/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)

After MAY 1, 2000 Fee will be \$550.00  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<b>REVILLA, ERNESTO A</b> 928 71 ST STREET MIAMI FL 33141	TITLE <b>P</b>	<b>MICHAEL MORGENSTERN</b> 7830 MIAMI VIEW DR NO. BAY VILLAGE, FL 33141
TITLE <b>VP</b>	<b>REVILLA, GABRIELLA M</b> 1770 N.E. 191ST ST. #513 NORTH MIAMI BEACH FL 33179		
TITLE <b></b>	<b></b>		
TITLE <b></b>	<b></b>		
TITLE <b></b>	<b></b>		
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TITLE <b></b>	<b></b>		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X [Signature]* Pres. **2/18/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)